

# Recommended Adult Immunization Schedule •

UNITED STATES •  
OCTOBER 2004–SEPTEMBER 2005

Age ▶	For all persons in this group	For persons lacking documentation of vaccination or evidence of disease	For persons at risk (i.e., with medical/exposure indications)
	19–49 Years	50–64 Years	≥65 Years
▼ Vaccine			
Tetanus, Diphtheria (Td)*	1 dose booster every 10 years		
Influenza**	1 dose annually	1 dose annually	
Pneumococcal (polysaccharide)	1 dose		1 dose
Hepatitis B*	3 doses (0, 1–2, 4–6 months)		
Hepatitis A*	2 doses (0, 6–12 months)		
Measles, Mumps, Rubella (MMR)*	1 or 2 doses		
Varicella*	2 doses (0, 4–8 weeks)		
Meningococcal (polysaccharide)	1 dose		

\*Covered by the Vaccine Injury Compensation Program.

\*\*The schedule for influenza vaccine was modified per ACIP recommendations of 12/17/04.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, DC 20005, telephone 202-219-9657.

This schedule indicates the recommended age groups for routine administration of currently licensed vaccines for persons aged ≥19 years. Licensed combination vaccines may be used

whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. Providers should consult manufacturers' package inserts for detailed recommendations.

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by telephone, 800-822-7967, or from the VAERS website at [www.vaers.org](http://www.vaers.org).

Additional information about the vaccines listed above and contraindications for immunization is available at [www.cdc.gov/nip](http://www.cdc.gov/nip) or 800-CDC-INFO [800-232-4636] (English and Spanish).

APPROVED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND  
ACCEPTED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS (ACOG)  
AND THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)

For additional information call:

800-CDC-INFO [800-232-4636] • ENGLISH & ESPAÑOL



Department of Health and Human Services  
Centers for Disease Control and Prevention

# Recommended Immunizations for Adults with Medical and Other Indications

UNITED STATES •  
OCTOBER 2004–SEPTEMBER 2005

 For all persons  
in this group

 For persons lacking documentation  
of vaccination or evidence of disease

 For persons at risk (i.e., with  
medical/exposure indications)

 Contraindicated

Indication ▶	Pregnancy	Diabetes, heart disease, chronic pulmonary disease, chronic liver disease (including chronic alcoholism)	Congenital immunodeficiency, cochlear implants leukemia, lymphoma, generalized malignancy, therapy with alkylating agents, antimetabolites, CSF leaks, radiation or large amounts of corticosteroids	Renal failure/end stage renal disease, recipients of hemodialysis or clotting factor concentrates	Asplenia (including elective splenectomy and terminal complement component deficiencies)	HIV infection	Health-care workers
▼ Vaccine							
Tetanus, Diphtheria (Td)*							
Influenza		A, B			C		
Pneumococcal (polysaccharide)		B	D		D, E, F	D, G	
Hepatitis B*				H			
Hepatitis A*		I					L
Measles, Mumps, Rubella (MMR)*						J	
Varicella*			K				

\*Covered by the Vaccine Injury Compensation Program.

- A. Although chronic liver disease and alcoholism are not indications for influenza vaccination, administer 1 dose annually if the patient is aged  $\geq 50$  years, has other indications for influenza vaccine, or requests vaccination.
- B. Asthma is an indication for influenza vaccination but not for pneumococcal vaccination.
- C. No data exist specifically on the risk for severe or complicated influenza infections among persons with asplenia. However, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.
- D. For persons aged  $< 65$  years, revaccinate once after  $\geq 5$  years have elapsed since initial vaccination.
- E. Administer meningococcal vaccine and consider *Haemophilus influenzae* type b vaccine.
- F. For persons undergoing elective splenectomy, vaccinate  $\geq 2$  weeks before surgery.

- G. Vaccinate as soon after diagnosis as possible.
- H. For hemodialysis patients, use special formulation of vaccine ( $40 \mu\text{g/mL}$ ) or two  $20 \mu\text{g/mL}$  doses administered at one body site. Vaccinate early in the course of renal disease. Assess antibody titers to hepatitis B surface antigen (anti-HB) levels annually. Administer additional doses if anti-HB levels decline to  $< 10 \text{ mIU/mL}$ .
- I. For all persons with chronic liver disease.
- J. Withhold MMR or other measles-containing vaccines from HIV-infected persons with evidence of severe immunosuppression (see *MMWR* 1996;47 [No. RR-8]:21–2 and *MMWR* 2002;51 [No. RR-2]:22–4).
- K. Persons with impaired humoral immunity but intact cellular immunity may be vaccinated (see *MMWR* 1999;48[No. RR-6]).
- L. No data to support a recommendation.